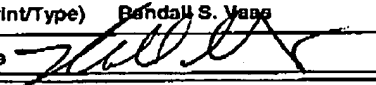


IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

ADMENDMENT TRANSMITTAL FORM		Application Number		09/733,831	
(to be used for all correspondence after initial filing)		Filing Date		December 11, 2000	
		First Named Inventor		Korneluk, Jose E. et al.	
		Group Art Unit		2684	
		Examiner Name		Trinh, Tan H.	
		Attorney Docket Number		CM03265J	
RECEIVED APR 01 2004 OFFICE OF PETITIONS					
ENCLOSURES (Check all that apply)					
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached		<input type="checkbox"/> Assignment Papers (for an Application)		<input type="checkbox"/> After Allowance Communication to Group	
<input checked="" type="checkbox"/> Amendment/Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s)		<input type="checkbox"/> Drawing(s)		<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences	
<input type="checkbox"/> Extension of Time Request		<input type="checkbox"/> Licensing-related Papers		<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)	
<input type="checkbox"/> Express Abandonment Request		<input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition		<input type="checkbox"/> Proprietary Information	
<input type="checkbox"/> Information Disclosure Statement		<input type="checkbox"/> Change of Correspondence Address		<input type="checkbox"/> Status Letter	
<input type="checkbox"/> Certified Copy of Priority Document(s)		<input type="checkbox"/> Fee Address Indication Form		<input checked="" type="checkbox"/> Additional Enclosure(s) (please identify below)	
<input type="checkbox"/> Response to Missing Parts Incomplete Application		<input type="checkbox"/> Terminal Disclaimer		<div>Petition for Revival of an Application for Patent Abandoned Unintentionally Under 37 CFR 1.137(b)</div>	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		<input type="checkbox"/> Small Entity Statement			
<input type="checkbox"/> Request for Refund		Remarks:			
CORRESPONDENCE ADDRESS					
<input type="checkbox"/> Customer Number or Bar Code Label		20280 (Insert Customer No. or Attach bar code label here)		<input type="checkbox"/> Correspondence address below	
Name:		Motorola, Inc.			
Address:		Intellectual Property Department			
		600 North U.S. Highway 45, AS437			
City: Libertyville		State: Illinois		Zip Code:	60048
Country: USA		Telephone: 847-523-2327		Fax:	847-523-2350
Name (Print/Type) Randall S. Vase		Registration No. 34,479			
Signature 		Date 3-17-2004			